	SIPE		.)	FFF(S)	-		1-01	•				
	PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE											
1	Complete and send the form, together with applicable fee(s), to: Mail					ommissioner						
١,	JUN 17,2005				P. A	P.O. Box 1450 Alexandria, Virginia 22313-1450						
. 7				or <u>F</u>	<u>'ax</u> (7	03) 746-4000						
ar in	INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate the Dairlier correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.											
. =		E ADDRESS (Note: Use Block 1 for	any change of address)		T F	e(c) Transmittal	his certificate can	ont he assed to	domestic mailings of the			
	75	90 : 05/25/2005			pa	pers. Each additio	nal paper, such as	an assignmer	at or formal drawing, must			
	Lloyd McAulay, I	_	REED SMITE	Н	E	xpress ,		T	EV37342005			
	Reed Smith LLP	599	LEXINGTON	AVE.	I I	ereby certify that	this Fee(s) Transm	ittal is being	deposited with the United			
	- 375 Park Avenue	NEW	YORK, N.Y.	10022	ad tra	dressed to the Minsmitted to the U.	arl Stop ISSUE F PTO (703) 746-40	EE address of the da	deposited with the United t class mail in an envelope above, or being facsimile te indicated below.			
	- New York, NY 101 5 HGUTEMA2 000000				· [Ru/th Mg	italivo /	-/	(Depositor's name)			
:2501		700.00 OP				KWI	Ilviga	$V \cup$	(Signature)			
:1504	4	300.00 OP				June 17	2005		(Date)			
:8091	APPLICATION NO.	30.00 OP FILING DATE		FIRST NAMED	INVENTO	R	ATTORNEY DO	CKET NO.	CONFIRMATION NO.			
_	09/919,254	07/31/2001		Daniel K. I	Recinella		ANGIO P		3169			
TI	TITLE OF INVENTION: CONTRAST MEDIUM DELIVERY SYSTEM AND ASSOCIATED METHOD (500622.2000)											
Γ	APPLN. TYPE	SMALL ENTITY .	ISSUE FI	EE	PUBI	ICATION FEE	TOTAL FEE	S) DUE	DATE DUE			
	nonprovisional	พ o Yes	-\$140 0	- \$70	00	\$300	_\$170	\$100	08/25/2005			
Γ	EXAMINER		ART UNIT		CLAS	CLASS-SUBCLASS						
_	SIRMONS, KEVIN C		3763		6	04-247000						
C	Change of correspondence FR 1.363).		(1) the nam	nes of up	patent front page, to 3 registered pa		Reed	Smith LLP				
	XMMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				or agents OR, alternatively, 172) the name of a single firm (having as a member a 2							
	"Fee Address" indicate PTO/SB/47; Rev 03-02 o Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
3.	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.											
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
	AngioDynamics, Inc. Queensbury, New York, 12804											
	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual Corporation or other private group entity 🚨 Government											
PI		enclosed:	4b	Payment of I	Fee(s):		(\$10	30. nn)			
	a. The following fee(s) are		☑ Issue Fee ☑ Publication Fee (No small entity discount permitted)				A check in the amount of the fee(s) is enclosed. (\$1030.00) Payment by credit card. Form PTO-2038 is attached.					
-	Issue Fee	mall antitu din-at	۸۱ ٔ	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1529 (enclose an extra copy of this form).								
-	Issue Fee Publication Fee (No si		ed)		ctor is her	eby authorized by	charge the require	ed fee(s), or o	credit any overpayment, to			
4a	SI Issue Fee Di Publication Fee (No si Di Advance Order - # of	Copies	:d) 		ctor is her ount Numb	eby authorized by er <u>50-15</u> み	charge the require	ed fee(s), or o	credit any overpayment, to ppy of this form).			
5.	Sissue Fee Publication Fee (No si Advance Order - # of Change in Entity Status a. Applicant claims SN	Copies	ed) 37 CFR 1.27.	The Direct Deposit Acco	ant is no lo	nger claiming SM	ALL ENTITY stat	us. See 37 Cf	FR 1.27(g)(2).			
5.	Sissue Fee Publication Fee (No si Advance Order - # of Change in Entity Status a. Applicant claims Sh he Director of the USPTO OTE: The Issue Fee and Po	(from status indicated above	ad) 37 CFR 1.27. The Fee and Publicate will not be accented.	The Direct Deposit According to b. Application Fee (if any of the property of	ant is no lo	nger claiming SM	ALL ENTITY stat	us. See 37 Cf	FR 1.27(g)(2).			
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5. TI No	Sissue Fee Dublication Fee (No si Advance Order - # of Change in Entity Status Date and Applicant claims Sh he Director of the USPTO of OTE: The Issue Fee and Poterest as shown by the reco	(from status indicated above MALL ENTITY status. See is requested to apply the Issu ublication Fee (if required) vords of the United States Pate Harry Ahn	od) 37 CFR 1.27. The Fee and Publicate will not be accepted and Trademark	b. Application Fee (if any of from anyone Office.	ant is no lo y) or to re- other than	onger claiming SM apply any previou the applicant; a r Date Registrati	ALL ENTITY states also paid issue fee engistered attorney of June 17 on No. 40,24	us. See 37 CF to the applicator agent; or the	R 1.27(g)(2). tion identified above, e assignee or other party in			

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